## **VOSH INSPECTION WORKSHEET - IW1**

1	/		
CSHO Id	Opt. Rpt No	Yr.	Insp. No



## **ENTRANCE - OPENING CHECKLIST:**

<b>2</b> .	Date / / Time 3. Type of Legal Entity: (Corp.)	( Partnershin)	(Sole Owner)	
<u>-</u> .	Ownership: (Private Sector) (Local Gov't) (State Gov't		(	
5.	Advance Notice: ( yes) ( no)	,		
6.	Employer Name			
7.	Site Address	Phone:		
	Mailing Address			
	Name of Controlling Corp., Partner or Owner (where applicable)	· ·	·	
	Federal Employer Identification No. (FEIN)			
8.	Type of Business or Plant: City Code			
9.	() Business Card, Credentials Presented/ Recipient:			
10.	( ) Explain Purpose of Visit, Identify Title 40.1, Possibility of Citations and Penalties			
11.			)Other	
12.	Present at Opening (Name/Title)		Walkaround	
			(yes) (no)	
13	Employee Rep: (yes) (no) If yes, Name/Title:		(yes) (no)	
	Address	Phone:		
14.	() Business Card, Credentials Presented, Explain Purpose, Employee Participation, Confide	'		
	Conference: (Separate)(Joint) Bargaining Unit: (yes)(no) If yes, Name		Local No:	
15.	. No. of Employees: In Establishment Covered by Insp Controlled by Employer Number of Shifts			
16.	Hazard Communication: (Written Program) (MSDS Sheets) (Labeling)	(Tra	ining)	
17.	Confined Space: (Permit System) (Preparation) (Training) (Air Monitorin	ıg) (Res	scue Team/Materials)	
18.	Lockout/Tagout: (Written Program) (Periodic Inspections) (Training)			
19.	Bloodborne Pathogens: (PPE) (Exposure Control Plan) (Information a	and Training)		
	(Hepatitis B Vaccination & Post Exposure Evaluation & Follow-up)			
20.	Inspection: (yes) (no) Scope: (Partial) (Comprehensive)			
21.	Type: (Accident) (Complaint) (Referral) (Monitoring) (Value		ollow-up)	
Со	mments_			
OF	PENING CONFERENCE CHECKLIST			
22.	() Inspection Consists of Opening/Walkaround/Closing			
	Video/Photos Permitted? (yes) (no) Familiar with S/H Laws, Regs? (yes) (no) (	Explained)		
	Familiar With Recordkeeping Regs? (yes) (no) (Explained)			
	Trade Secrets/Restricted Areas? (yes) (no) (If yes, explain )			
	(Right to Talk to Employees in Private, §40.1-49.8(2)) (Discrimination Prohibited, §40.			
		,	- <i>-</i> ,	

## SAFETY AND HEALTH PROGRAM EVALUATION

NOT	E: Refer to FOM for Guidance on Documentation of Safety and Health Violations and Citing Alte	rnative Sta	ındards.			
23a.	Written program? (yes)(no) Copy Enclosed? (yes)(no) Safety Staff? (yes)(no) Health S	Staff ? (ye	es)(no)			
	First Aid: (Kit Dispensary)	n ()Off	()None			
	Physician: ()On ()Off ()None Training: Safety Staff: (yes)(no) Health Staff	f (yes)(	no)			
	First aid cardholders:					
b.	Accident Investigations Performed:	(yes)	(no)			
	Preventive Action Taken:	(yes)	(no)			
C.	Communication of Program to Employees (How? Effectiveness?)	(yes)	(no)			
	Safety/Health Meetings (Frequency? By Whom? Effectiveness?)	(yes)	(no)			
d.	Enforcement (How? Type of Discipline? Effectiveness?)	(yes)	(no)			
e.	Employee Training: ( Formal) ( OJT) ( Experienced) ( Other)	(yes)	(no)			
f.	Health Monitoring: (Chemicals? Effectiveness?)	(yes)	(no)			
g.	Health Recordkeeping: (Types? Employee Access?)	(yes)	(no)			
h.	Medical Programs: (Frequency? Content? Effectiveness?)	(yes)	(no)			
i.	Regulated Areas: (Sampling Done? Identified? Rosters?)	(yes)	(no)			
j.	Hazard Control: (Engineering? PPE?)	(yes)	(no)			
k.	Emergency Procedures: (What Conditions? Training?)	(yes)	(no)			
I.	Comments on Comprehensiveness/Effectiveness of S/H Program					
24. 25.		ting Require				
20.	Personnel on Walkaround Other Than in Opening (Name/Title/Address)	ing require	monto,			
			_			
	Phone:					
CLC	SING CONFERENCE CHECKLIST:					
26.	Begin: Date// Time: Departure: Date// Time:					
27.	Personnel at Closing Not Already Listed (Name/Title/Address)					
			_			
	Review:(Checklist in Closing Conf. Guide) Provide (check as appropriate): ( 1926) ( 1910) ( ARM) ( Recordkeeping)					
28.	Treview.(oneckist in closing conit. Guide) Trovide (check as appropriate). ( 1320) ( 1310) (Artivi					
28.	Comments:					
28.						